

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/089933

FILING DATE
2 AUG 2000

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•	•	•
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1			/				51			
2				/			52			
3				/			53			
4			/				54			
5				/			55			
6				/			56			
7				/			57			
8				/			58			
9				/			59			
10				/			60			
11				/			61			
12				/			62			
13				/			63			
14				/	/		64			
15				/		/	65			
16				/		/	66			
17				/	/		67			
18				/		/	68			
19				/		/	69			
20				/		/	70			
21				/		/	71			
22				/		/	72			
23				/		/	73			
24				/	/		74			
25				/		/	75			
26				/		/	76			
27				/		/	77			
28				/		/	78			
29				/		/	79			
30				/		/	80			
31				/		/	81			
32				/		/	82			
33				/		/	83			
34				/		/	84			
35				/		/	85			
36				/		/	86			
37				/		/	87			
38				/		/	88			
39				/		/	89			
40				/		/	90			
41				/		/	91			
42				/		/	92			
43				/		/	93			
44				/		/	94			
45				/		/	95			

TOTAL IND.			
TOTAL DEP.			

TOTAL IND.			
TOTAL DEP.			